

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

<b>FILING DATE</b>
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APPLICANT(S)
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## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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50						
TOTAL IND.	6					
TOTAL DEP.	93					
TOTAL CLAIMS	99					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						